

European Healthcare Design 2017

# Cancer Centre at Guy's Hospital: The Patient Voice - Is the design better because of it?

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Catherine Zeliotis  
Dr Majid Kazmi

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# Patient Engagement

- Alastair Gourlay, Project Director of Asset Management, Essentia
- Diana Crawshaw, Chair of the Patient Reference Group



# DEVELOPING THE PROCESS

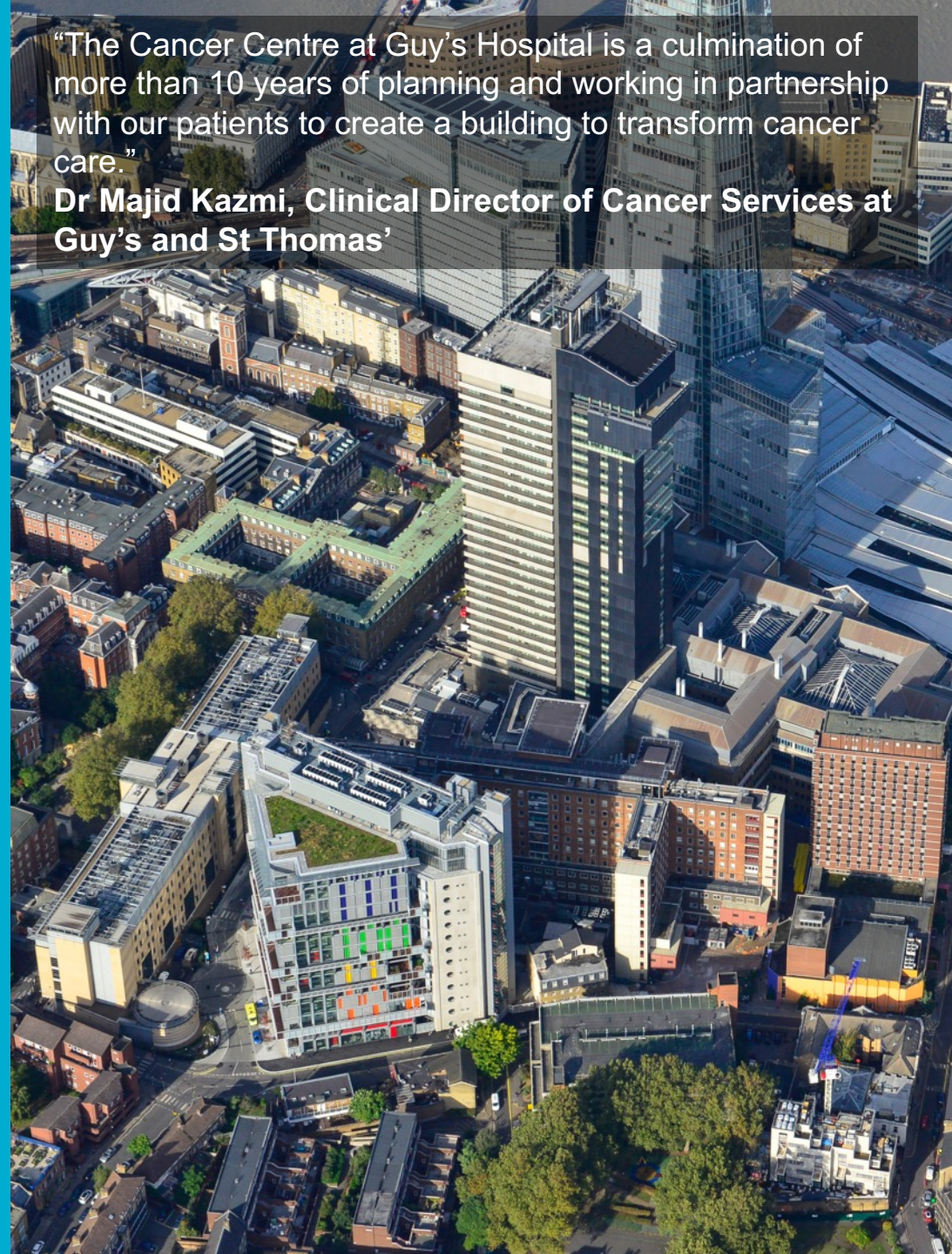
*Getting it right to deliver better patient experience*

## FACILITATING PATIENT-NEED

- Master planning
- Location, developing a business case
- Patient engagement
- Design competition – construction
- Clinical transformation

“The Cancer Centre at Guy’s Hospital is a culmination of more than 10 years of planning and working in partnership with our patients to create a building to transform cancer care.”

**Dr Majid Kazmi, Clinical Director of Cancer Services at Guy’s and St Thomas’**



# INCLUSIVE ENGAGEMENT

*Stakeholders being part of the Cancer Centre story*

- Patient and staff groups co-designing the Cancer Centre with the design partners
- Engagement within the local community with design consultation events
- Radiotherapy treatment above ground, following patient feedback
- Building separated into colour-coded villages, rather than floors e.g. Welcome village instead of reception
- Innovation hub: groundbreaking research on-site
- Construction milestones



# THE PATIENT VOICE

## *Humanising Healthcare*

- Patients have been at the heart of the development through a Patient Reference Group, set up in 2011
- Co-designed every Village as well as the art work within the building to enhance the patient environment and the way that services are provided for patients
- The group influenced both the designs and delivery of service for the best possible patient care and experience
- Working on the arts programme in selecting the artists, influencing designs and contributing to the artists' research in creating an environment that will have a lasting impact



# EFFECTIVE

## *Creating genuine partnerships with stakeholders*

“The Cancer Centre is airy, light and welcoming and doesn’t feel like any other centre. Even patients will need to get used to that, but in a very positive way.”

“I dread to think what the building would look like if patients didn’t get involved. It would have been bland, boring but now we have something very exciting, its flexible and its not going to stop evolving, there’s a legacy programme for current patients to give their insight into the future arts”

“Patients are people. Those people can bring past experience, skills and current experience to the design and development of a place like a Cancer Centre. The building is much better for it, the **Cancer Centre is somewhere you can go in as a patient but come out feeling like a person.**”

“When you first go in you notice the openness and the fact it doesn’t feel like a hospital. Its very reassuring and uplifting because there is so much space. The art work is such a change from the usual picture of green fields, blossoms and things like that. This is all completely something new and very inspiring.”

“Patients have been consulted at every stage and no decision has been made without us. Our views have been welcomed, listened to and acted on.”

**Diana Crawshaw, Chair of Patient Reference Group**



# How did the patient's voice affect the design?

- Catherine Zeliotis, Healthcare Leader, Stantec Architecture



# Evolution of the village concept – Patients' voices

Kick-off meeting between design team and patient representatives May 2010

*'endless long corridors, boring waiting rooms'*

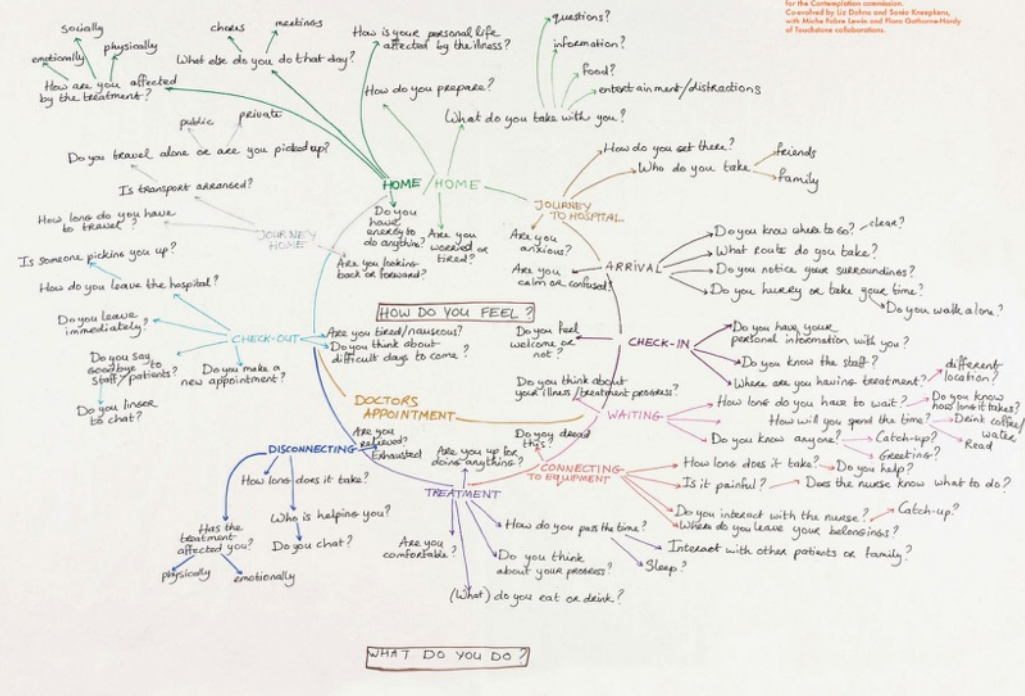
*'institutional looking buildings'*

*'feeling like a number'*

*'a choice of spaces'*

*'chance to look at nature and go outside'*

*'a feeling of home'*



How do you feel? The Patient's Journey – Tea & Contemplation – Cancer Centre Art Programme





# Evolution of the village concept – Staff voices

*'space that isn't functional'*

*'isolated from other staff'*

*'stressful environment - no space to relax'*

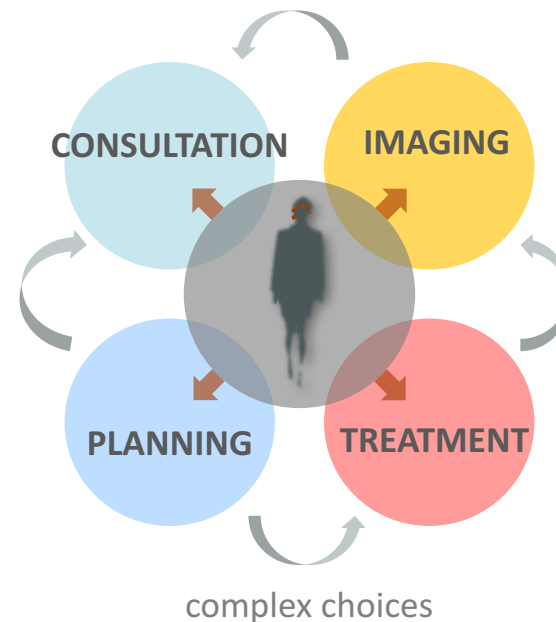
*'flexible & adaptable'*

*'multidisciplinary spaces integrating research & education'*

*'makes me want to work here'*

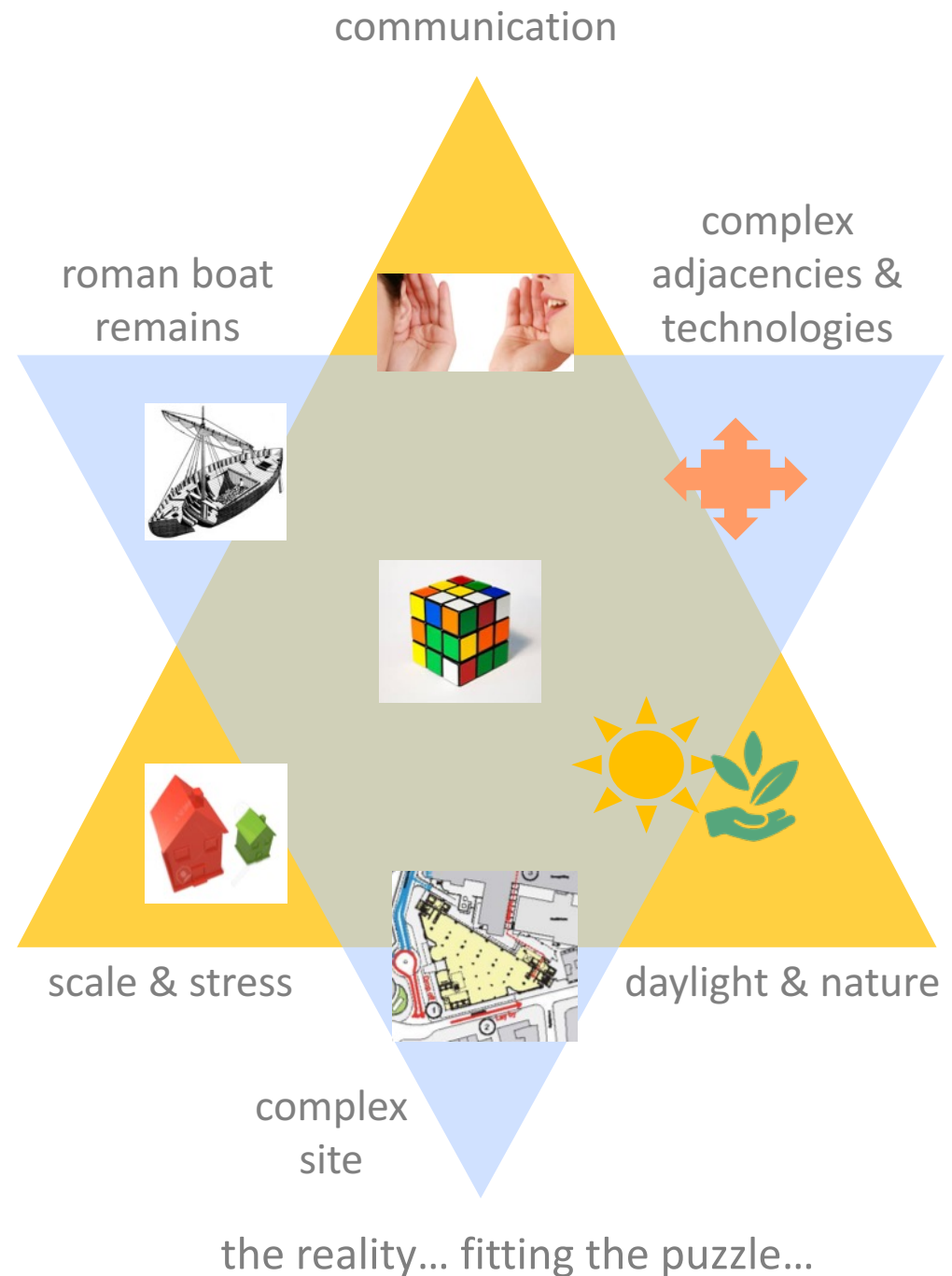


A new, virtual perspective on cancer. Credit: IMAXT Cancer Research UK Grand Challenge team 2015



# Evolution of the village concept – Site & brief Challenges & opportunities

- Balancing the patient needs and the individual challenges of the brief and site
- Restricted site + Large building area = Tall building versus clear wayfinding
- Complex patient journeys versus stress
- Daylight versus complex technologies

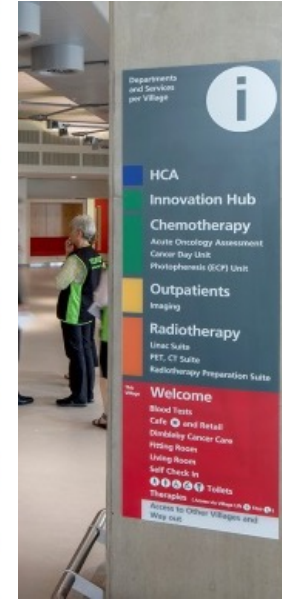
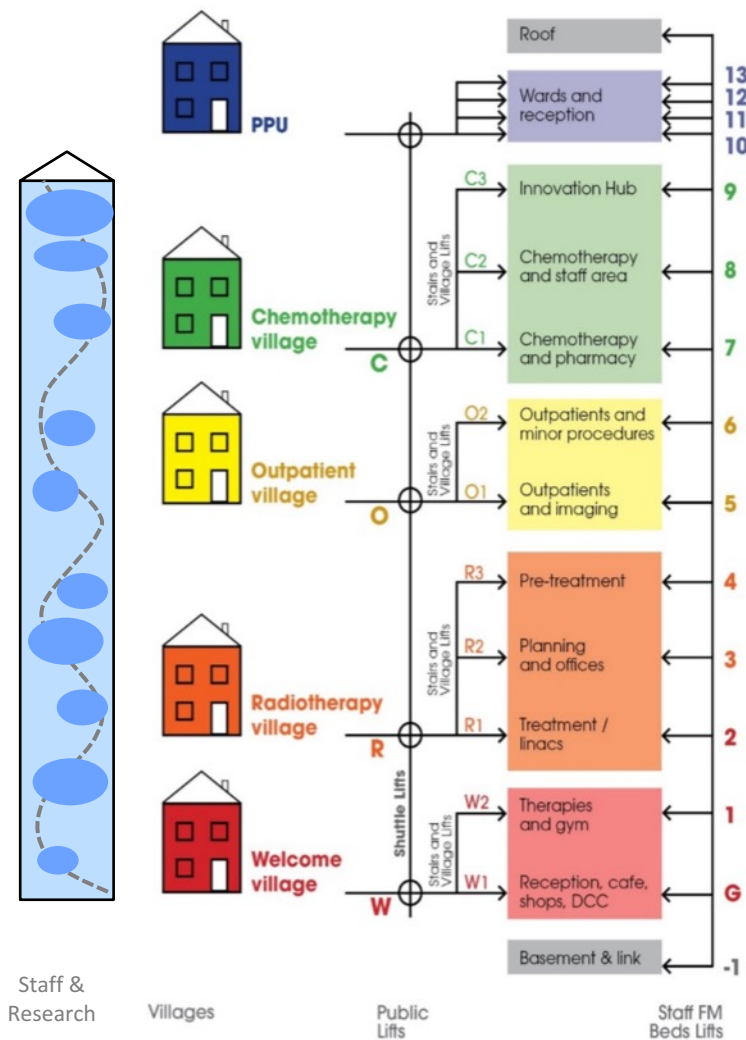


# Evolution of the Village concept

## Challenges & opportunities

### A cancer centre which supports patients and staff

- **14 storey building = 5 villages**, each with its own character and heart, bringing the Maggie centres' ideas into the heart of the healing journey
- **Integrated care spine** – staff provide integrated care and have places of work, research and respite throughout the building
- Blend the **Science of Treatment** with the **Art of Care** on each floor
- **'One stop shopping'** - increase patient satisfaction by bring treatment & resources to the patient



Science of Treatment & Art of Care



# Patient involvement in the radiotherapy village

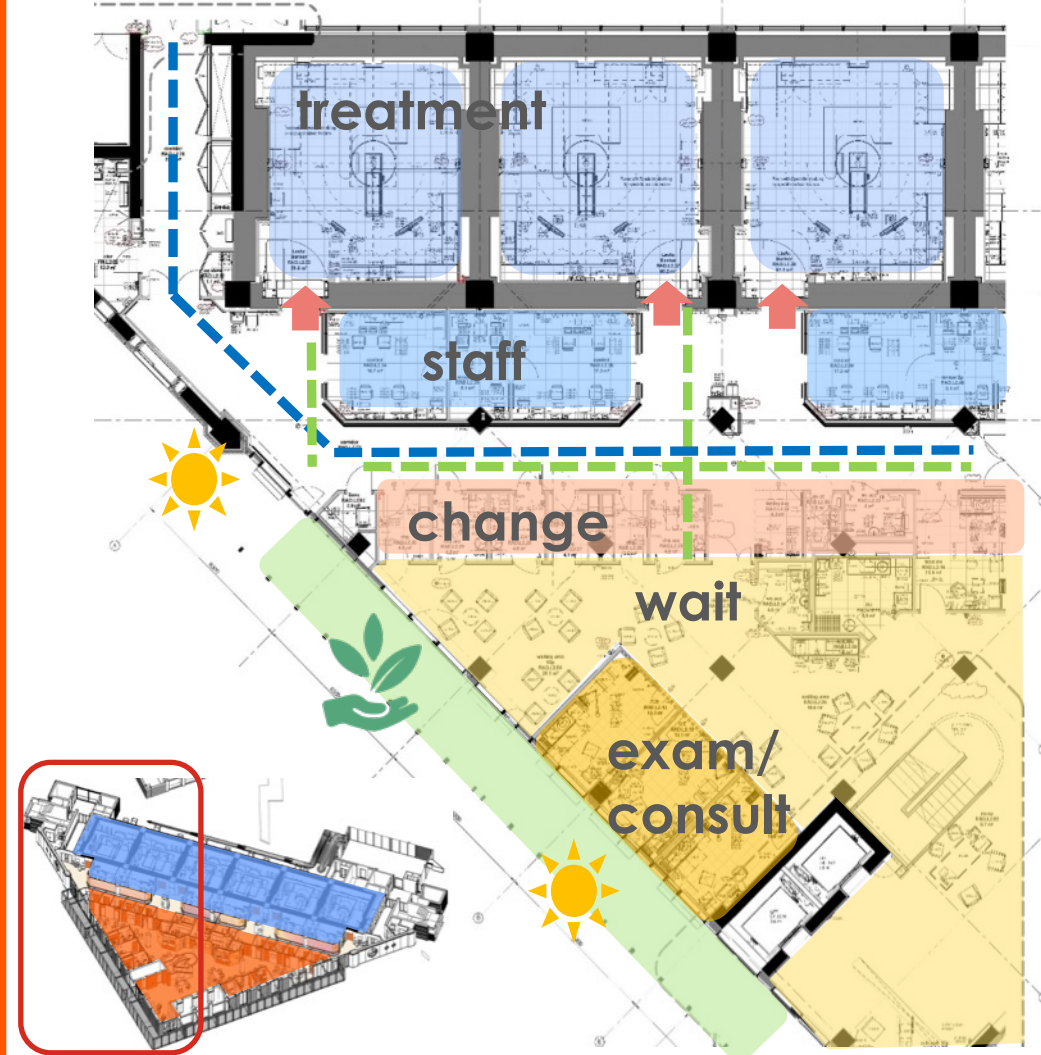
## Balancing high-tech + human needs

### Patients

- daylight in waiting areas
- patient dignity – separation of flows - dressed and gowned patients
- private changing 'seating' room

### Staff

- safety - visibility and control
- daylight - enhanced working environment
- On-treat c/e exams integrates care in the patient journey



Radiotherapy Village ergonomic flows – patient & staff

# Patient involvement in the outpatients village

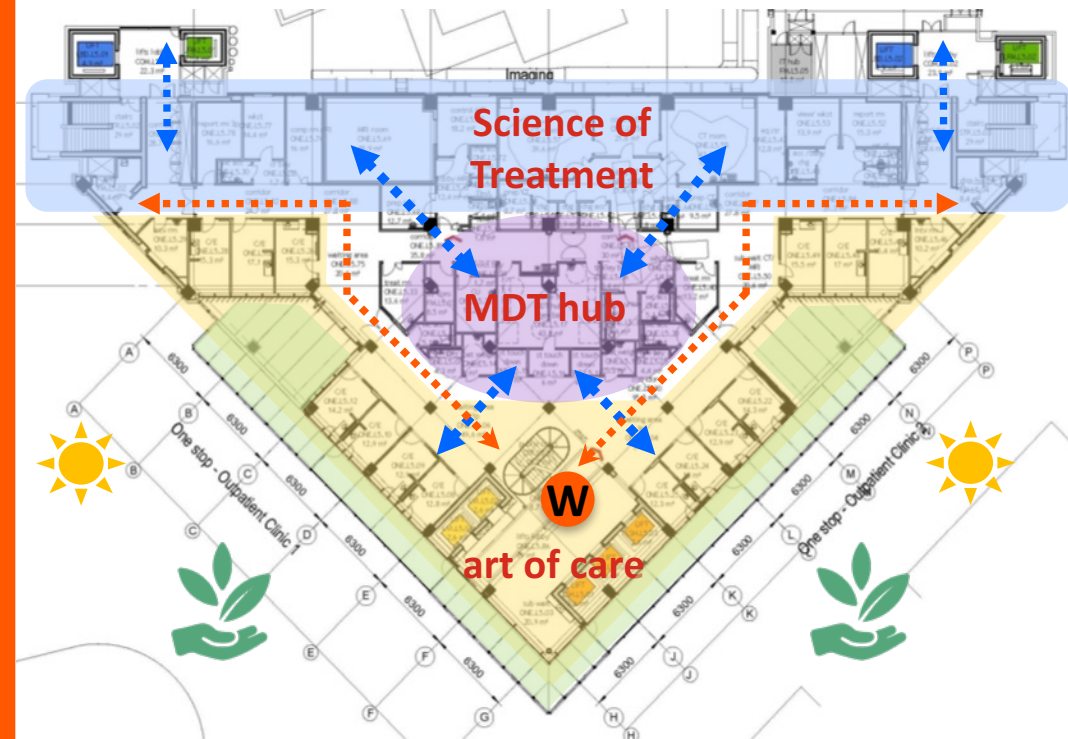
## Enhancing wellbeing & multi-disciplinary care

### Patients

- Welcome point and access to village square amenities – kitchen table and easy registration
- Daylight and access to nature for waiting rooms

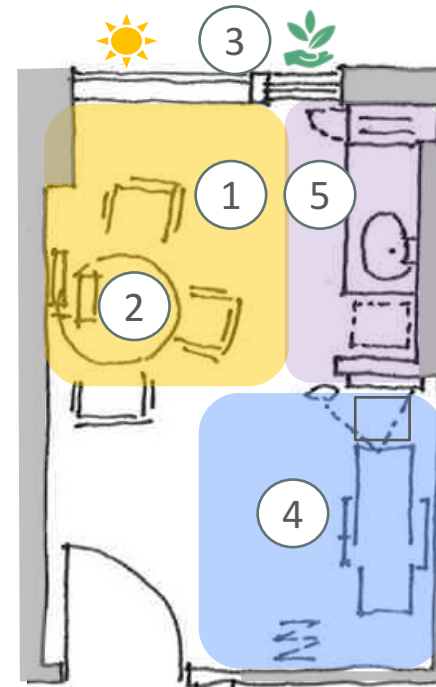
### Staff

- Multi-disciplinary hub at the heart of the floor with easy access to all areas
- Spaces for staff to take a break and connect



# Patient involvement in the consult exam room design

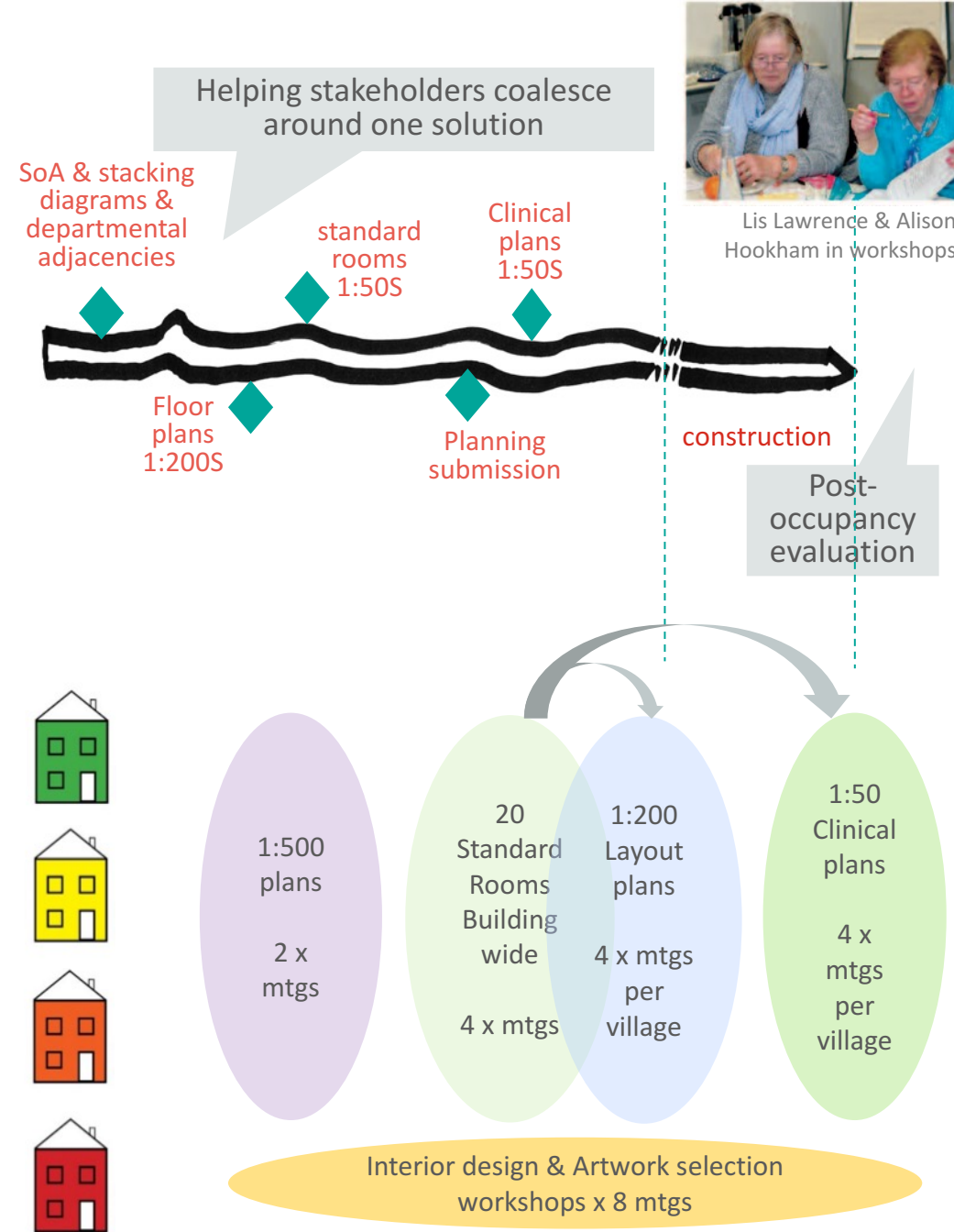
1. **Informal round table** with space for family (3-4 people) promotes partnership when reviewing treatment options.
2. **Easy access to IT information** for patient and staff promotes interaction & multi-disciplinary working
3. Access to **daylight, natural ventilation, outdoor views and a domestic feeling**
4. **Exam area** is planned along best working practices and mobile screen gives patient privacy from family
5. **Integrated storage** for clinical hand washing, dispensers and clinical supplies reduces institutional look and streamlines working practices



# Patient involvement - An integrated process

Partnership between patients, clinical staff, architects Rogers Stirk Harbour + Partners and Stantec, engineers ARUP and contractor LOR

- 2- 3 patient representatives x 4 villages and played an integral part in the art programme workshops
- Over 18 months they attended more than 20 user workshops including clinical and interior design
- Patient representatives spent more than 90 hrs each in meetings with design team



# Patient and Staff involvement - A journey of cancer design

*2017 global health 'Effective patient engagement is foundational to a positive patient experience.'*  
*Health care outlook - Deloitte*

## Common themes

- Access to nature and daylight
- Lower stress through human scale design
- Integration of complex technology and interior design

Tumour model of planning & hospitality



Cleveland Clinic Cancer Centre, Ohio - 2017

Guy's Cancer Centre - 2016



Village concept, linacs with access to daylight & Intense patient involvement

'Constellation of gardens'

HMC Cancer Centre, Qatar - 2016



Extensive landscape & stress maps

Clatterbridge Cancer Centre Liverpool - 2011



The London Clinic Cancer Centre - 2009

Linacs on Ground floor with views to landscape courtyards

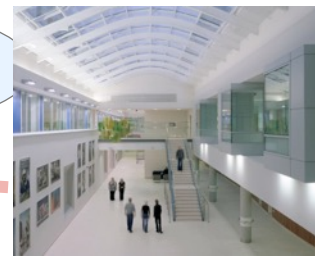
Integrating interior design & technology



Northern Cancer Centre, Freeman, Newcastle - 2008

Atrium - human scale with daylight & art. Teenage unit - non institutional

Leeds Cancer Centre, St. James Institute of Oncology - 2008





# Cancer Treatment

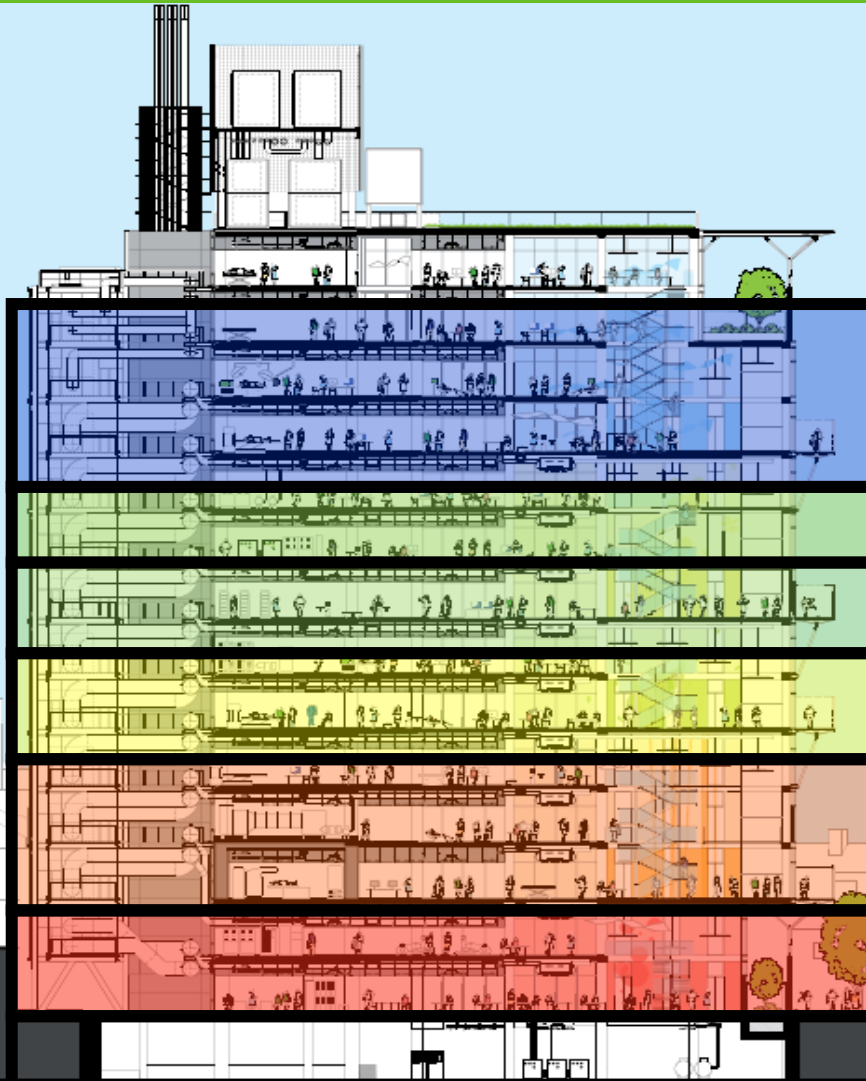
- Dr Majid Kazmi, Clinical Director, Haematology and Oncology, Guy's & St Thomas' NHS Foundation Trust



# Cancer Treatment

No need for patients to travel between sites (St Thomas' & Guy's) and between building – up to 13 locations previously for some pathways.

Chemotherapy and Radiotherapy now in one building on the same site – previously for chemo-rad treatment patient on the day had to travel between sites



Private Patient Unit (HCA)

Research Innovation Hub  
Chemotherapy Village

Outpatients Village

Radiotherapy Village

Welcome Village

Basement + Link Corridor

# Information Technology as enabler for service redesign

## Self Check-In Call Forward

- Patients able to self-check-in
- Enables the Welcome Village to be the main waiting area which is designed to have all the holistic services for patients
- Able to track waiting times throughout the building to drive service improvement

## Windows 10

- Windows 10 deployment will allow the deployment of hub and spoke working in outpatients

## Electronic Outcome Form

- Patients can book their next outpatient appointment in the welcome village check-out zone



# Blood Testing

All Viapath phlebotomists trained to take PICC & Hickman bloods – change in skill-set

Viapath team well integrated into the Cancer Centre team

- Daily huddles
- Attendance at weekly outpatients operational group
- Manager attends the weekly CC operational group

FBC (full blood count) service available in the Centre

- FBC results available in clinic for oncologists

Outpatient team accepted into Fit for the Future Innovation pilot

- Example of culture of continuous improvement
- Teams on the ground leading change



# Outpatients Village: Hub and Spoke

- Maximise patient facing time in rooms
- Maximise clinics that can transfer in Cancer Centre - not one clinician one room: clinician to patient
- Clinical team complete admin in hub – enhances team working
- Flow coordinator critical to make this work/allocate rooms

## Where we are now

- IT now works; no need to log in/out between clinical room and hub; critical enabler
- Successful pilot in Head & Neck clinic in May 2017
- Remaining clinics to transfer in over the next 2 months



# Flexibility for Patients

## 200 buzzers allow patients greater flexibility

- Integrated with SCICF system
- Can use other spaces – balconies, café, living room

## Working well in following areas

- Radiotherapy; given at reception. Send message to start preparation
- Outpatients

## Next challenge

- Increase usage from beginning of the pathway in the Welcome Village
- Work with the volunteers team to hand out buzzers



# Volunteers and Welcomers

- Over 40 volunteers now fully integrated with CC staff and feel a valued member of the team reflected in the retention rates.
- Volunteering highly regarded by all staff from senior manager to reception
- Staff/Welcomers are involved in all key discussions and decisions
- Two volunteers now gone to paid roles in Cancer Centre – now cancer centre admin coordinators
- Welcomers at the front entrance to greet patients with volunteers and HCA reception
- Feels like one team with Welcomers & Centre admin coordinators rotating across different admin roles

